BEST AVAILABLE COPY

_													_
	CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER TI	
F	OR		NUMB	ER FILED		NUMBER	EXTRA] [RATE	FEE	7	RATE	Т
В	ASIC FEE					 		1		380.00	OR		1
TO	OTAL CLAIMS		53 minus 20=		* 33		1 1	X\$ 9=				1	
INI	DEPENDENT C	LAIMS	A	minus	3 =		5	 	X39=		OR	V70	<u> </u>
Μl	JLTIPLE DEPE	NDENT	CLAIM P	RESENT					A39=		OR	X78=	Ŀ
	Cal							ן י	+130=		OR	+260=	
ן י	f the difference	e in coli	umn 1 is	less than z	ero, e	enter "0" in	column 2		TOTAL		OR	TOTAL	1
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL	
٨		CI	LAIMS	· ·		HIGHEST		lГ		ADDI-) 		Γ
		Α	MAINING FTER NDMENT		PI	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	7
AMENDMENT	Total	* .	53	Minus	**	حر ک	=		X\$ 9=		OR	X\$18=	
ME	Independent	*	8	Minus	***	D	=		X39=		OR	X78=	T
•										-			
<u>و</u>	FIRST PRESE	ENTATIO	ON OF M	ULTIPLE DE	PEN	DENT CLAIM	1	╽┟	400		1	000	t
d	FIRST PRESE	ENTATIO	ON OF M	ULTIPLE DE	PEN	DENT CLAIM	1		+130=		OR	+260=	
d	FIRST PRESE			ULTIPLE DE			1	- 	+130= TOTAL ODIT. FEE		OR	+260= TOTAL ADDIT. FEE	
	FIRST PRESE	(Col	ON OF MI	ULTIPLE DE	(0	DENT CLAIM Column 2) HIGHEST	(Column 3)		TOTAL		OR	TOTAL	_ _
8	FIRST PRESE	(Col CI REM A	lumn 1)	ULTIPLE DE	(C	Column 2)		^ ^ _	TOTAL	ADDI- TIONAL FEE	OR	TOTAL	L F
8	Total	(Col CI REM A AMEI	lumn 1) Laims Iaining Fter	Minus	(C	Column 2) HIGHEST NUMBER REVIOUSLY	(Column 3)	^ ^ -	TOTAL DDIT. FEE	TIONAL	OR OR	TOTAL ADDIT. FEE	L F
8	Total Independent	(Col CI REN A AMEI	lumn 1) LAIMS MAINING FTER NDMENT	Minus Minus	(C	Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	\	TOTAL DDIT. FEE RATE X\$ 9=	TIONAL	OR OR	TOTAL ADDIT. FEE RATE X\$18=	_ Г
	Total	(Col CI REN A AMEI	lumn 1) LAIMS MAINING FTER NDMENT	Minus Minus	(C	Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA		TOTAL DDIT. FEE RATE X\$ 9= X39=	TIONAL	OR OR	TOTAL ADDIT. FEE RATE X\$18= X78=	_ Г
8	Total Independent	(Col CI REN A AMEI	lumn 1) LAIMS MAINING FTER NDMENT	Minus Minus	(C	Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA		TOTAL DDIT. FEE RATE X\$ 9= X39= +130=	TIONAL	OR OR	TOTAL ADDIT. FEE RATE , X\$18= X78= +260=	_ Г
8	Total Independent	(Col CI REN A AMEI	lumn 1) LAIMS MAINING FTER NDMENT	Minus Minus	(C	Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA		TOTAL DDIT. FEE RATE X\$ 9= X39=	TIONAL	OR OR OR OR	TOTAL ADDIT. FEE RATE X\$18= X78=	L F
8	Total Independent	(Col	lumn 1) LAIMS MAINING FTER NDMENT ON OF MI	Minus Minus	PF ***	Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM	(Column 3) PRESENT EXTRA		TOTAL DDIT. FEE RATE X\$ 9= X39= +130= TOTAL	TIONAL	OR OR OR OR	TOTAL ADDIT. FEE RATE X\$18= X78= +260= TOTAL	T
C AMENDMENT B	Total Independent	(Col REM AMEI * * ENTATIO	lumn 1) LAIMS MAINING FTER NDMENT ON OF MI	Minus Minus	PF *** PENC	Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR S DENT CLAIM	(Column 3) PRESENT EXTRA =		TOTAL DDIT. FEE RATE X\$ 9= X39= +130= TOTAL	ADDI- TIONAL	OR OR OR OR	TOTAL ADDIT. FEE RATE X\$18= X78= +260= TOTAL	Ť
C AMENDMENT B	Total Independent	(Col REM AMEI * * ENTATIO	lumn 1) LAIMS MAINING FTER NDMENT ON OF MI LAIMS JAINING FTER	Minus Minus	PF *** PENC	Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM Column 2) HIGHEST NUMBER REVIOUSLY	(Column 3) PRESENT EXTRA = (Column 3) PRESENT		TOTAL DDIT. FEE RATE X\$ 9= X39= +130= TOTAL DDIT. FEE	TIONAL FEE	OR OR OR OR	TOTAL ADDIT. FEE RATE X\$18= X78= +260= TOTAL ADDIT. FEE	_ Г
C AMENDMENT B	Total Independent FIRST PRESE	(Col REM AMEI * \$ * ENTATIO	lumn 1) LAIMS MAINING FTER NDMENT ON OF MI LAIMS JAINING FTER	Minus Minus ULTIPLE DE	(C)	Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR COlumn 2) HIGHEST NUMBER REVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA = (Column 3) PRESENT EXTRA		TOTAL DDIT. FEE RATE X\$ 9= X39= +130= TOTAL DDIT. FEE RATE X\$ 9=	ADDI- TIONAL	OR OR OR OR	TOTAL ADDIT. FEE RATE X\$18= X78= +260= TOTAL ADDIT. FEE RATE X\$18=	T
AMENDMENT B	Total Independent FIRST PRESE	(Col REM AMEI * * * * * * * * * * * * * * * * * * *	lumn 1) LAIMS MAINING FTER NDMENT ON OF MI LAIMS MAINING FTER NDMENT	Minus Minus ULTIPLE DE	(C) PF ** PENE (C) PF f ***	Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA = (Column 3) PRESENT EXTRA		TOTAL DDIT. FEE RATE X\$ 9= X39= +130= TOTAL DDIT. FEE	ADDI- TIONAL	OR OR OR OR	TOTAL ADDIT. FEE RATE X\$18= X78= +260= TOTAL ADDIT. FEE	T